

HEREFORDSHIRE COUNTY COUNCIL



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1958

ANNUAL PUBLIC HEALTH REPORT FOR 1958.

To the Chairman and Members of the County Council.

I have the honour to present the Annual Report of the County Medical Officer of Health for 1958. The estimated population was 128,200, the corrected birth rate was 17.3 per thousand population, the death rate was 10.9 per thousand population, the infant mortality rate was 26.7 per thousand live births, and the stillbirth rate was 24.2 per thousand live and still births.

This introduction is intended to draw attention to various salient features. The narrative of the Report gives a fuller account of the health conditions during the year and of the services provided.

Attention has been given to the services for the chronic medical sick and infirm. Useful discussions on this subject took place with representatives of the County Welfare Committee and the Herefordshire Hospital Management Committee. So far as the local health services were concerned, it did not seem that changes were required other than an increase in the Home Help Service.

From the start of the National Health Service, there have been arrangements for the sending on of information from the district councils in respect of the notifications of cases of notifiable infectious disease. A casual look at a series of such notifications shows that the law is now ready for revision. Perhaps it is the notification of many of the minor infectious diseases of childhood, such as measles, which has brought the matter into disrepute. Notifications from various medical practitioners covering the same area show quite extraordinary variations. The pity of all this is that notification of certain of these infectious diseases can be most helpful. For example, it is known that where a woman in the early stages of pregnancy suffers from rubella, it can lead to her child being born with various congenital disabilities, particularly deafness. Obviously everything must be done to prevent such a woman being exposed to the risk of infection, but if by accident this has occurred, then at once she should receive an injection of gamma globulin which by giving her some degree of immunity would give her child a greater chance of being born normal.

The introduction of a reliable, safe vaccine has been a welcome help in the defence against the spread of poliomyelitis. A special difficulty in giving sound epidemiological advice to prevent the spread of the disease is that we are not sure of the exact method of its transmission. This makes it all the wiser, now that we have a safe vaccine, to go ahead with a mass poliomyelitis immunisation scheme beginning with the priority groups at special risk and then we hope extending to all the population.

Tuberculosis is still with us but it is encouraging to note the steady decrease in the number of deaths each year from this disease. Various factors have contributed to this, including improved diagnostic methods, particularly the miniature mass radiography, the extension of the scheme for B.C.G. vaccination, improved standards of living, and modern advances in methods of treatment.

During the year, an intensive survey was undertaken by a mobile mass radiography unit of the Birmingham Regional Hospital Board in the area of the Ross Urban District Council. Here, some 66 per cent. of the persons eligible to be X-rayed were so examined. To get so high a percentage required the closest possible co-operation between the personnel of the unit, members and staff of the Ross Urban District Council and the staff of the County Health Department. The objective of intensive surveys of this nature is to detect and so to eliminate the unknown cases forming a pool of infection which, if undiscovered, would perpetuate tuberculosis.

Attention was given to the special problem of finding employment for the tuberculous. Although the number of these is small, it is hoped that with close co-operation between the Disablement Resettlement Officer of the Ministry of Labour and the After Care Welfare Officer, some of these persons will find suitable light employment near their own homes.

Emphasis has been placed on health education. A determined attempt has been made to bring before the public the knowledge that there is a close relationship between excessive smoking and cancer of the lung. Most of the usual publicity methods and materials have been used. The local press have co-operated well in that those meetings where the speaker has dealt with smoking and lung cancer have been fully and factually reported. Posters and pamphlets prepared by the

Central Council for Health Education have been distributed at such meetings. It is difficult to assess how far these publicity methods have been successful in reducing the number of persons smoking, but in all events, the attention of the public has been drawn to its danger. It would seem that, like any educational campaign, to achieve a real success is going to take a long time : possibly the results of the campaign will not be known for years to come.

Although there was no actual change of the law during the year, the Report of the Royal Commission on the law relating to mental health and mental deficiency has had its effect. The general objective of the Report seems to be to bring the mental hospitals into line with the general hospitals by reducing the formalities to a minimum, but by keeping safeguards in certain cases. This will have the effect that greater responsibility is to be placed on the local health services providing community care. Our experience at the Barrs Court Centre for Children has been most encouraging in that we have found that most of the children do improve in social behaviour and quite a number have shown a ready response to training. It is hoped that shortly, the proposed industrial centre for 30 adult mental defectives will be erected in Hereford on the site recently purchased for the purpose.

The Report of the Committee of Enquiry on the rehabilitation, training and resettlement of disabled persons, known as the "Piercy Report," also dealt with the community care of disabled persons, including mental patients. The question seemed to resolve itself into just how far provision of this kind should actually be made in Hereford and how much we should rely on provision made by other local health authorities. In the meantime, authority has been given to pay the cost of maintenance in suitable hostels for convalescent patients recovered from psychosis or neurosis and adult high-grade defectives.

There appears to be some doubt as to exactly which authority has the primary responsibility for protecting the public against the various ionising radiation hazards. Something must be done to keep radiation to a minimum. Since this problem might well affect large areas at one time, are there to be regional committees covering the local health authorities, public health laboratory services, the regional hospital boards and the many other authorities concerned? Should not training be given to public health medical officers, administrative nursing officers and certain other professional staffs?

At the request of the Ministry of Health, a brief general review has been included at the end of the narrative of the Report of the manner in which, during the first ten years of the National Health Service, the local health services have functioned in the wider setting of the National Health Service generally.

I am glad to have the opportunity of expressing my appreciation to the Chairmen and members of the Committees for their interest and for their unfailing consideration to myself and other members of the staff of the County Health Department. Also, I would like to express my thanks to all members of the staff, particularly to the nursing staff for their work during the year.

I am,

Yours faithfully,

J. S. COOKSON,

County Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.

Tel. No. Hereford 4281-3.

THE COUNTY HEALTH COMMITTEE

(as at 31st December, 1958)

COUNCILLOR MRS. A. J. PASKE

(Chairman)

COUNCILLOR MRS. H. POOLE

(Vice-Chairman)

Aldermen :

W. J. BRAY, J.P.

W. DAVIES, J.P.

D. W. HAMLEN-WILLIAMS

D. G. WATKINS

W. H. WRIGHT

Councillors :

MRS. M. BALLINGER

MRS. A. M. BARNEBY, J.P.

BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.

W. D. BERRY

G. F. CHAMBERS, J.P.

R. F. S. CLARKE

R. H. CLUTTERBUCK

MISS S. G. DUNNE, J.P.

LT.-COMDR. G. GLENTON

D. F. E. GRIFFITHS

R. H. K. JOYCE

E. L. LEWIS

R. A. LOWTH

H. T. PATRICK

R. W. P. ROFF

S. R. SOUTHALL

MISS R. G. VIRGO

MRS. M. J. WILLIAMSON

Education Committee Representatives :

COUNCILLOR MRS. B. A. BARKER, J.P.

MRS. I. BOOTH

Herefordshire Hospital Management Committee Representatives :

MRS. H. S. ALLFREY

One Vacancy

Local Executive Council Representatives :

MRS. E. FISH

DR. H. WARD-SMITH

Hereford City Council Representatives :

COUNCILLOR W. H. BLUNDSTONE

COUNCILLOR G. G. ELCOX

ALDERMAN R. C. MONKLEY

ALDERMAN T. R. STEPHENS

Co-opted Members :

MRS. J. AINSLIE, J.P.

MR. B. G. SCHOLEFIELD, F.R.C.S.

* * *

THE PUBLIC HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1958)

ALDERMAN W. H. WRIGHT

(Chairman)

COUNCILLOR S. R. SOUTHALL

(Vice-Chairman)

Aldermen :

A. E. BISHOP

W. DAVIES, J.P.

A. E. FARR, J.P.

D. W. HAMLEN-WILLIAMS

MAJOR J. R. H. HARLEY, D.L., J.P.

L. J. WEST, J.P.

Councillors :

MAJOR H. S. ALLFREY, J.P.

H. M. BARNEBY

BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.

R. F. S. CLARKE

LT.-COMDR. G. GLENTON

K. V. JAMES-MOORE

R. A. LOWTH

H. T. PATRICK

W. D. PORTER

C. W. POWELL

P. P. J. POWELL, J.P.

T. L. STOKES

G. WATKINS

MRS. M. J. WILLIAMSON

STAFF.

County Medical Officer

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy County Medical Officer

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

Assistant County Medical Officers

*W. HOGG, M.B., B.S., D.P.H.

*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H. (Appointed 1/5/58)

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

VIVIEN P. HELME, M.B., CH.B., D.(OBST.), R.C.O.G.

Principal Dental Officer

O. S. BENNETT, L.D.S., R.C.S.ENG.

Chest Physician

‡T. V. R. PHILIP, M.B., D.P.H.

Assistant Chest Physician

‡R. M. BOVERI, L.R.C.P., L.R.C.S., L.R.F.P.S.

Supervisor of Midwives and Superintendent Nursing Officer

MISS E. O. ROBERTS, S.R.N., S.C.M., M.T.D., H.V.

There are two Assistant Superintendent Nursing Officers.

Nursing Staff

In the County, there are 67 nurses. The rural areas are covered by nurses who undertake midwifery, home nursing and health visiting duties, whereas in the urban areas, the duties are specialised.

Clerical Staff

Chief Clerk—H. A. ROCK (Resigned 11/5/58).

K. J. WILLIAMS (Appointed 12/5/58)

*Also District Medical Officers of Health.

‡Part-time by arrangement with Birmingham Regional Hospital Board.

This table shows the areas covered by the four District Medical Officers of Health.

Dr. G. D. K. Needham, 4, Church Street, Leominster, Hfds. Tel. Leominster 2595	Dr. W. Hogg, Chepstow House, Ross-on-Wye, Hfds. Tel. Ross-on-Wye 2214	Dr. I. F. MacKenzie, Town Hall Annexe, Hereford Tel. Hereford 3021	Dr. R. Wood Power, 21, East Street, Hereford. Tel. Hereford 2200
Bromyard U.D.C.	Dore & Bredwardine R.D.C.	Hereford City	Hereford R.D.C.
Bromyard R.D.C.	Ledbury U.D.C.		
Kington U.D.C.	Ledbury R.D.C.		
Kington R.D.C.	Ross-on-Wye U.D.C.		
Leominster Borough	Ross & Whitchurch R.D.C.		
Leominster and Wigmore R.D.C.			
Weobley R.D.C.			

GENERAL STATISTICS.

Area of County 538,924 acres.

	1957	1958		
	<i>Population</i>	<i>Live births</i>	<i>Deaths</i>	<i>Population</i>
URBAN.				
Bromyard	1,700	37	24	1,690
Hereford City (M.B.)	33,370	605	413	33,820
Kington	1,840	23	30	1,850
Ledbury	3,710	51	45	3,720
Leominster (M.B.)	6,170	102	91	6,130
Ross-on-Wye	5,270	86	86	5,290
Total Urban Districts.....	52,060	904	689	52,500
RURAL.				
Bromyard	7,060	115	73	7,050
Dore and Bredwardine	8,300	114	93	8,300
Hereford	17,900	264	229	18,120
Kington	4,780	73	58	4,770
Ledbury	8,670	130	101	8,650
Leominster and Wigmore	10,110	151	133	10,050
Ross and Whitchurch.....	11,790	205	131	11,800
Weobley -	7,030	138	66	6,960
Total Rural Districts	75,640	1,190	884	75,700
Total County	127,700	2,094	1,573	128,200
England and Wales	44,907,000	738,323	526,792	45,109,000

Note.—The population figures shown are the Registrar-General's estimated population at the 30th June.

VITAL STATISTICS.

	1957	1958
HEREFORDSHIRE.		
Live births	Male 1,049	1,090
	Female 1,022	1,004
	Total 2,071	2,094
Live birth rate per 1,000 population	17.2*	17.3*
Still Births	Male 29	26
	Female 30	26
	Total 59	52
Still birth rate per 1,000 live and still births	27.1	24.2
Total live and still births	Male 1,078	1,116
	Female 1,052	1,030
	Total 2,130	2,146
Infant deaths	49	56
Infant mortality rate per 1,000 live births	Total 23.7	26.7
	Legitimate 23.3	27.2
	Illegitimate 31.2	18.7
Neo-natal mortality rate per 1,000 live births (first four weeks)	17.4	19.1
Illegitimate live births per cent. of total live births	4.6	4.8
Maternal deaths (including abortion)	3	1
Maternal mortality rate per 1,000 live and still births	1.4	0.5
Death rate per 1,000 population	11.0*	10.9*
ENGLAND AND WALES.		
Live birth rate	16.1	16.4
Still birth rate	22.5	21.6
Infant mortality rate	23.1	22.5
Crude death rate	11.5	11.7

* The local crude birth and death rates have been multiplied by the area comparability factor so that they are comparable with the crude rate for England and Wales.

Infant Mortality Rate.

	HEREFORDSHIRE.			ENGLAND & WALES—
<i>Year</i>	<i>Live Births</i>	<i>Infant Deaths</i>	<i>Rate per 1,000 live births</i>	<i>Rate per 1,000 live births</i>
1949	2,336	64	27.4	32.4
1950	2,123	67	31.5	29.6
1951	2,111	70	33.1	29.7
1952	2,128	62	29.1	27.6
1953	2,067	32	15.5	26.8
1954	1,960	71	36.2	25.4
1955	1,993	52	26.0	24.9
1956	2,047	55	26.9	23.7
1957	2,071	49	23.7	23.1
1958	2,094	56	26.7	22.5

CARE OF MOTHERS AND YOUNG CHILDREN.

Infant Welfare Centres.

There are seventeen infant welfare centres in the county. They are widely scattered and thus able to cover the needs of most of the population in the area.

Infant Welfare Centres administered directly by the local health authority are held at Belmont, Foxley, Hereford, Kingstone, Ledbury, and Ross-on-Wye. Those administered through voluntary organisations are held at Bartestree, Bromyard, Colwall, Dilwyn, Fownhope, Kington, Leominster, Pembridge, Shobdon, Ullingswick and Weobley.

The day-to-day running of the majority of these centres, including the raising of money over and above that supplied in the form of small grants by the County Council, is undertaken by voluntary committees, each with several honorary officers, who, in many instances, have carried out this work for a number of years. The importance of the work done by the volunteers cannot be too highly praised and is very much appreciated by all concerned.

A Medical Officer attends regularly at each session, examines children selected by the nurse and gives advice to the mothers.

	<i>Centres provided by</i>		TOTAL
	<i>Local Health Authority</i>	<i>Voluntary Organisations</i>	
No. of centres	6	11	17
No. of sessions held during year	380	209	589
No. of first attendances under 1 year	602	249	851
No. who attended born in 1958	511	206	717
No. who attended born in 1957	500	208	708
No. who attended born in 1956-1953	404	233	637
Total number of children who attended	1,415	647	2,062
No. of attendances—children under 1 year	7,145	2,377	9,522
" " " children 1-2	1,175	587	1,762
" " " children 2-5	777	645	1,422
Total attendances during the year	9,097	3,609	12,706

Welfare Foods.

The arrangements for the distribution of welfare foods from infant welfare centres and 88 other centres throughout the county have continued to work smoothly and are still carried out largely by voluntary effort. In only five of the main centres are paid staff employed.

Total issues during 1958 :

National dried milk	57,686 tins
Cod Liver Oil	8,212 bottles
Vitamin A. and D. tablets	4,326 packets
Orange Juice	58,699 bottles

St. Martin's Day Nursery, Hereford.

<i>Number of approved places</i>		<i>No. of children on register at the end of the year</i>		<i>Average daily attendance during the year</i>	
0-2	2-5	0-2	2-5	0-2	2-5
10	25	11	25	8.8	19.9

The St. Martin's Day Nursery receives children of any age up to 5 years. In my opinion, children under 5 years of age should be looked after at home, wherever possible. Some, however, do require nursery accommodation, and priority is given as follows :—

- Mother is unable to look after the child owing to illness.
- Mother is unable to look after the child, e.g. mother unmarried.
- Mother goes out to work in essential industry.
- On medical grounds—the child requires to be with other children.

Mother and Baby Home.

<i>Name and Address of Home.</i>	<i>No. of beds</i>	<i>No. of cots</i>	<i>Number of admissions during the year.</i>	<i>Number of admissions for which the Authority was responsible</i>	<i>Average length of stay in days</i>	
					<i>Ante Natal</i>	<i>Post Natal</i>
St. Martin's Home, Walnut Tree Avenue, Hereford	22	18	76	11	43.3	35.2

The following additional information in respect of St. Martin's Home, Hereford, is of interest :—

AGES OF MOTHERS ADMITTED :

15-18	22
19-23	40
24-28	10
29-35	3
36	1
	—
	76
	—
1st baby	59
2nd baby	15
3rd baby	2
	—
	76
	—

DISCHARGES :

Placed for adoption	35
Situation with baby	3
Home with baby	18
Transferred to nursery	6
Fostered out	2
Miscarriage	1
Married and home with baby	1
Babies died in hospital	2
Ante-natal cases returned home	3
Mother and baby discharged from hospital	5
	76

Private Nursing Homes.

There are three private nursing homes in the county registered by the County Council under the Public Health Act, 1936, one of these being situate in Hereford City.

These provide a total of 28 beds for chronic medical sick.

Dental Treatment.

Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	113	110	86	68
Children under five	155	93	63	62

Forms of Dental Treatment provided.

	Scalings & gum treatment	Fillings	Silver Nitrate Treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant & nursing mothers	12	117	2	—	396	5	30	15	5
Children under five	—	4	—	—	190	58	—	—	—

Principal Dental Officer's Report.

The two main difficulties preventing the development of this aspect of the Council's dental service are the persistent staff shortage and, to a lesser extent, the poor public transport facilities in some parts of the County. Given an adequate staff, the problems introduced by the deficiency of public transport could be almost neutralised. The position at present is that many potential patients in rural areas find they cannot afford the time entailed in travelling to Hereford and are thus compelled to seek treatment under the general dental service in the nearest market town.

A further deterioration in the staffing position has occurred since the last annual report was published. At present, the total professional staff consists of two officers holding full-time appointments and one part-time officer working three sessions per week. Even this inadequate staff will shortly be reduced, leaving only one officer holding a full-time appointment.

The statistics show the poor standard of oral health among those patients seen. As in the previous year, an average of three teeth were removed from every pre-school child treated. This must be regarded as a serious matter, not only from a masticatory point of view, for such premature extraction can initiate other dental problems during the child's school career.

There is a great need for intensive and continuous dental health education to bring about an awareness of the value of sound oral health. Here again much more could be done given an adequate staff.

Arrangements for referring patients to the dental department of the County Hospital, Hereford, continue as before and are working in a satisfactory manner.

Puerperal Pyrexia.

Notifications during year						8
---------------------------	-------	-------	-------	-------	-------	---

CAUSES.

(a)	Uterine	.....	.....	.....	.....	2
(b)	Extra-uterine	.....	.....	.....	.....	3
(c)	Indefinite	.....	.....	.....	.....	3

CONFINEMENTS.

(a)	Delivered and isolated at home	.....	.....	7
(b)	„ „ „ in hospital	.....	.....	1
(c)	„ at home and removed to hospital	.....	.....	-

COURSES.

All these pyrexias responded to treatment satisfactorily
without known spread of infection.

Ophthalmia Neonatorum.

No cases were notified during the year.

MIDWIFERY.

Notification of Intention to Practise.

		1957	1958
1. Domiciliary	(a) District Nurse	63	60
	(b) Independent	4	3
	(c) Midwives living in adjacent counties and taking occasional cases in Herefordshire	6	9
	(d) Practised in an emergency	1	-
		74	72
2. Institutions	(e) Hospitals	19	21
	(f) Nursing Homes	-	1
		19	22
	Grand totals	93	94

Ante-Natal Care.	1957	1958
Home Visits by midwives	10,738	11,598

Home Confinements.		
Total	862	916

Midwifery Nursing Visits.		
Total	17,651	18,748
Visits to mothers discharged from hospital under 14 days	3,712	4,007

There was a general rise in domiciliary midwifery during the year and nearly half of all confinements in the County took place at home.

Increase in the number of post natal visits to mothers discharged from hospital was partly influenced by mothers and babies being sent home for nursing while hospital maternity wards were cleansed following an anti-biotic resistant staphylococcal infection.

As a contribution to ante-natal care, the system of routine blood tests for pregnant women continues to be encouraged by venules being made available to general practitioners through domiciliary midwives.

A new form of drug was supplied to midwives for use in emergency, namely ergometrine-rondase, the use of which, even conservatively, has already been well justified.

On a few occasions, the hospital Flying Squad was called and responded with its usual speed and efficiency to the remotest homes.

During the first half of the year, the perinatal infant mortality survey (National Birthday Trust) was conducted through the efforts of domiciliary and hospital midwifery staffs, county pathologists, and the co-operation of general medical practitioners and registrars of births and deaths. Parents co-operated willingly in every case.

Analgesia—Case Incidence.	1957	1958
Gas and Air Analgesia given	67 %	66 %
Trilene " "	8 %	7 %
Pethidine (with or without Analgesia).....	65 %	66 %

There is little change in the use made of analgesia and other sedatives for relief of mothers during labour.

Breast Feeding.	1957	1958
Babies breast fed at 14 days	79 %	75 %
The number continues to decrease.		

Relaxation/Mothercraft Classes for ante-natal mothers.

Five groups continue to thrive and a sixth was commenced during the year at Kingstonc. Further extension of the classes depends on suitable premises being available. It is hoped to start a class at Ledbury as soon as conditions allow.

Midwives and health visitors co-operate in this work and mothers are most appreciative.

In-service training.

Eleven midwives attended approved residential post graduate courses during the year. One independent midwife arranged to attend an approved residential course.

Housing of District Nurses as at 31st December, 1958.

	Houses.	Nurses
County Council owned houses	9	11
Flats rented by county council from rural district councils	3	3
House rented privately by county council and sub-let to Nurse	1	1
Houses rented by county council from rural district councils	4	6
Houses rented by nurses from rural district councils	7	9 and 1 health visitor
Flat rented by nurse from rural district council	1	1
Houses rented by nurses from district nursing associations	1	2
Nurses in their own homes	19	21
Nurses in rooms	1	1
		55 and 1 health visitor

HEALTH VISITING.

Number of children under 5 years of age visited during the year	12,109
Expectant Mothers.	
First visits	559
Total visits	942
Children under 1 year of age.	
First visits	2,005
Total visits	17,988
Children aged 1 and under 2 years.	
Total visits	6,256
Childred aged 2 but under 5 years.	
Total visits	15,147
Tuberculosis households.	
Total visits	787
Other cases.	
Total visits	4,580
Total number of families or households visited by Health Visitors	7,429
Total number of attendances made by Health Visitors at local health authority clinic sessions during the year	4,566

Health visiting continues with a marked decrease in home visits, arising from shortage of staff and increasing demand for sessional work. Every effort is made through selective visiting to give priority attention where it is most needed.

During the year, health visitors took part in the Mass Radiography Survey at Ross-on-Wye, the Home Accidents Survey, based on "under fives" receiving hospital attention following an accident, and the Poliovirus Survey in Hereford City, also in children under five years.

In conjunction with the County Fire Service, publicity was organised for the national "Guard that Fire" campaign in November.

Deafness in young children received the particular attention of the two health visitors with training in the screening tests of hearing. This work was carried out at infant welfare centres and in the homes. It could be further developed if more health visitors were available to relieve these two of some routine duties.

Diabetes also received the attention of a health visitor allocated to attend a weekly Diabetic Clinic at the County Hospital and to pay follow-up visits where needed.

One health visitor was seconded for duties as acting social worker at the Hereford Child Guidance Centre.

Health Education.

Again this year, meetings were held of representatives of all staff : medical, health visiting, and voluntary, attached to welfare centres. Health education was included in the discussions.

Nurses and health visitors undertook an increased amount of health education during the year through groups and classes, mothers' clubs, women's voluntary movements and a great number of home nursing/mothercraft classes for the County Civil Defence Organisation.

Three nurses successfully completed the health visitors' training course combined with district training. One started service in a rural area and the remaining two had other training to complete before taking up duty.

In-service Training.

Three health visitors attended an approved course of residential study.

Two staff meetings were held in the Shirehall with speakers including the County Civil Defence Officer.

HOME NURSING.

The following table shows the number of cases attended, and the number of visits paid, by the district nurses during the year.

	<i>Number of cases</i>	<i>Number of visits</i>
Medical	2,235	43,735
Surgical	824	12,127
Infectious Diseases	31	206
Tuberculosis	8	118
Maternal Complications	29	363
Others	1,889	24,312
Totals	5,016	80,861
Patients who were 65 or over at the time of the first visit during the year	1,338	37,131
Children who were under 5 at the time of the first visit during the year	415	2,011
Patients who have had more than 24 visits during the year	470	33,497
Cases visited in 1957	5,300	80,544

The number of general nursing visits was well maintained with continued increase in the nursing of elderly people.

Medical Loans.

A new development was the issue of a small emergency supply of medical loan equipment to nurses for use when Red Cross Depots were not immediately accessible.

A central stock of beds, pulleys, foam rubber mattresses, and similar aids to patients' comfort, is being built up. Already a steady demand is established particularly in terminal illness and in cases waiting for hospital admission.

Student Training.

Twelve students from Worcester came for district training, each for three days, in residence with a district nurse.

Commencing in July, a weekly rota of final year student nurses from the Herefordshire Nurse Training School were given some insight into the social aspects of disease. Practical visits with district nurses and health visitors, also sessions spent at welfare centres and the day nursery, link up with lectures on the social aspects of disease given by the County Medical Officer and the Superintendent Nursing Officer.

VACCINATION AND IMMUNISATION.

Smallpox Vaccination.

The following table shows the number of persons vaccinated, or re-vaccinated, during the year :—

<i>Children aged</i>	<i>Vaccinated</i>	<i>Re-vaccinated</i>
Under 1	1,162	—
1-2	49	2
2-4	45	12
5-14	59	118
15 and over	59	187
Total	1,374	319
1957	1,168	315

No cases were reported during the year of generalised vaccinia or post-vaccinal encephalomyelitis, and no deaths from complication of vaccination.

Poliomyelitis Vaccination.

Considerable progress was made possible during the year through the importation by the Ministry of Health of large quantities of Salk vaccine from Canada and the United States. Much of this vaccine had been tested and licensed for use in the country of origin only and was made available for use in this country by the Ministry of Health without further testing.

Parents of children eligible for vaccination and other persons in the priority groups were given the opportunity to refuse Salk vaccine and those who did so were vaccinated with British vaccine when this became available.

In September, the Ministry of Health extended the scheme to include persons born in the years 1933-42 and by the inclusion of third (reinforcing) injections. Notices were inserted in local newspapers offering vaccination to persons in the higher age-groups and supplies of consent forms were forwarded for distribution at all schools and colleges in the county where pupils of 16 years of age and over are in attendance. So far, the response from this higher age-group has been rather discouraging.

General medical practitioners have continued to play a part in the vaccination scheme, both by vaccinating those patients who request it and by undertaking, on a sessional basis, vaccination sessions at Hereford, Leominster and Ross-on-Wye clinics. During the year, 38 sessions were undertaken by general practitioners.

The following table shows the number vaccinated :—

<i>Group.</i>	<i>Vaccinated with two injections.</i>		<i>Reinforcing injections in 1958</i>
	<i>In 1958</i>	<i>Total vaccinated</i>	
Children under 5	4,519	5,283	1,224
Children 5-15	10,870	15,228	5,384
Young persons born 1933-1942	373	373	1
Expectant mothers	434	434	9
Hospital staff vaccinated by own doctors*	17	17	—
Ambulance staff and families	32	32	—
General practitioners and families	80	80	2
TOTAL	16,325	21,447	6,630

*Small amounts of vaccine were issued to hospitals for the vaccination of hospital staff with their families. These are not included.

Diphtheria Immunisation.

During 1958, a total of 1,721 children under 15 years of age were primarily immunised, and 2,388 given a single reinforcing injection. Immunisation was carried out as follows :—

<i>Children aged</i>	<i>Immunised</i>	<i>Reinforcing Injections</i>
Under 5	1,350	—
5-14	371	2,388
Total	1,721	2,388
1957	1,601	2,483

There were no notifications of diphtheria occurring in children under 15 years of age, and no deaths from the disease during the year.

Whooping Cough Immunisation.

The number of children who have completed a primary course of pertussis vaccine during the year is as follows :—

<i>Children aged</i>	<i>Immunised</i>
Under 1	886
1-4	388
Total	1,274
1957	1,028

There were 93 notifications of whooping cough occurring in children under 5 years of age during 1958, as compared with 148 during 1957.

AMBULANCE SERVICE.

During the year, the number of patients carried increased from 25,973 to 28,503 and the number of miles travelled increased from 256,598 to 270,011. The increase was most noticeable at Hereford and Ross-on-Wye.

Two new radio sets were purchased during the year, making 12 in all. The prompt diversion of an ambulance can be of immense benefit in certain cases and radio has resulted in less mileage than would otherwise have been the case.

184 patients were carried mainly by rail, thus saving approximately 20,337 road miles.

The fostering of recruitment and co-operation of volunteers has remained the function of the Joint Ambulance Committee. This committee comprises representatives of the St. John Ambulance Brigade, British Red Cross Society and County Health Committee.

All whole-time staff, comprised as follows, are direct employees of the County Council and regarded as members of the staff of the County Health Department :—

Hereford : County Ambulance Officer

3 Clerks

1 Night telephonist

2 Senior driver/attendants

16 Driver/attendants

2 Mechanics

1 Garage assistant

Ross-on-Wye : 4 Driver/attendants

The whole-time paid drivers and attendants are provided with a county uniform.
The operational vehicle strength at 31st December, 1958, was as follows :—

<i>Station.</i>	<i>Ambulances.</i>	<i>Utilecons.</i>
Bromyard	1	—
Hereford	6	5
Kington	1	—
Ledbury	1	—
Leominster	1	—
Ross-on-Wye	1	1
Total	11	6

Recommendations are being made that in the financial year 1959/60, the operational fleet of vehicles be strengthened by the purchase, as replacements, of one major ambulance and one utilecon.

The following table shows how the number of patients carried and the annual mileage have increased over the past years.

<i>Year</i>	<i>Full-time drivers</i>	<i>Annual mileage</i>	<i>Patients carried</i>
1952	9	171,142	10,535
1953	10	189,425	12,294
1954	13	206,455	15,580
1955	14	239,291	22,842
1956	15	240,260	24,495
1957	20	256,598	25,973
1958	22	270,011	28,503

The following table shows the number of patients carried, mileage travelled, and the journeys made by ambulances from the various stations during the year.

<i>Station</i>	PATIENTS CARRIED			<i>Mileage</i>	<i>Journeys</i>
	<i>Stretcher</i>	<i>Sitting</i>	<i>Total</i>		
Bromyard	205	320	525	11,496	291
Hereford	3,562	21,051	24,613	199,434	8,897
Kington	81	80	161	4,124	132
Ledbury	101	330	431	5,374	235
Leominster	279	251	530	11,889	365
Ross-on-Wye	709	1,534	2,243	37,694	1,133
Total	4,937	23,566	28,503	270,011	11,053

Hospital Car Service.

There was a falling off in the demand for this service during the latter half of the year. The main reason for this is that every care is now taken to ensure that this service is only used by patients unsuitable for public transport or when this is not available. However, a shortage of voluntary drivers in some areas continues to be a problem and this has been a contributory factor. By means of this service, many suitable patients can be conveyed and thus alleviate demands on the ambulance service.

	<i>Mileage</i>	<i>Journeys</i>	<i>Patients carried</i>
January	10,049	360	494
February	8,553	342	471
March	7,186	310	409
April	7,682	290	379
May	8,967	314	448
June	7,861	294	394
July	8,014	304	436
August	6,760	269	365
September	8,046	334	469
October	7,509	327	424
November	6,127	283	332
December	5,031	234	264
Total	91,785	3,661	4,885
1957	103,373	3,801	5,139

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

Tuberculosis.

	PULMONARY				NON-PULMONARY			
	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
No. of primary notifications during year	20	22	5	47	7	4	—	11
No. of definite cases on clinic register	371	280	55	706	40	34	39	113
No. of deaths during year	8	6	—	14	3	1	—	4
Death rate per 1,000 population (County)	0.109				0.031			
Death rate per 1,000 population (England & Wales)....	0.089				0.011			

Number of new contacts examined during the year 190

Chest Physician's Report.

The past year has shown a marked drop in the new cases of tuberculosis notified. For the previous four years the figure has not fallen far below 100, but in 1958, at 58, it is little over half of what it was five years ago, and a degree of cautious optimism with regard to tuberculosis may be justifiably felt. The improvement can be attributed to the anti-tuberculosis drugs which can either cure or render the patient less infectious, and to the fact that hospital beds can now be found for any that need them without delay, and to the continuation of efforts directed against overcrowding and malnutrition. B.C.G.vaccination is probably starting to play a considerable part in the decline of young cases.

Vigilance is still required. A bad trade recession with consequent poverty, a halt in rehousing, and an unwise degree of reduction in hospital beds for the tuberculous, or an increase in the number of drug-resistant tubercle bacilli being broadcast could quite easily cause an increase of the disease again. One man in a crowded dwelling can infect seriously say four or five, and if his germs have become drug resistant, as sometimes happens, those he has infected will be difficult to cure, and they in their turn may pass on drug-resistant tubercle bacilli to other people who will be equally difficult to treat.

Of the 18 deaths from tuberculosis, 13 were over fifty years of age and only one was under thirty-five. Eleven were males. Not long ago tuberculosis was largely a disease of young people, with a preponderance of young women.

It seems likely that the B.C.G. vaccination of school leavers, started in Herefordshire in 1954, may already be fulfilling the hope that it would protect them through the vulnerable adolescent years. Clinic supervision of contacts is another useful part of the preventive work. The public continue to improve their co-operation in the preventive field and this is of immeasurable importance, though a few exceptions inevitably remain with us. Much encouragement is given by the enlightened attitude towards tuberculosis that is gradually developing in industry, whether in the prevention of infection or the rehabilitation of those who have recovered from their tuberculosis.

Other lung diseases that come the way of the Chest Clinic are less important from the infectious point of view, but public health cannot and does not accept with equanimity the vast amount of chronic bronchitis in Britain. It may prove more difficult to eliminate than tuberculosis. Lung cancer is a smaller problem and there is perhaps little that a local health authority by itself can do beyond educating young people of the danger and foolishness of taking up smoking.

Occupational Therapy.

Miss J. D. Fletcher has succeeded Miss D. M. Burra as County Occupational Therapist, and took up her duties on the 1st November, 1958.

By the end of the year, 49 cases had been visited. Of these, the majority were employed in various types of domiciliary work. Added to this number were two cases who were still away on rehabilitation and training courses, and two who were in hospital.

All cases who are referred by their doctors are visited as soon as possible, and others referred through different sources are seen when necessary, after information on their medical condition has been received.

With regard to out-work, knitting continues to be done for Folly House Residential Nurscry, but no factory work is available at present, although it is hoped that there may be some again in the spring.

Work being undertaken by patients includes canework, weaving, woodwork and furniture repairing, upholstery, needlework, rug-making, typing and knitting. The goods made are either kept by the patient or offered for sale.

Full use is being made of the two knitting machines provided by the County Council.

Convalescence.

Patients are recommended for short periods of recuperative convalescence by general practitioners, house surgeons of hospitals and medical officers of the local health authority. Only those persons who do not require medical or nursing care, but merely rest, change of air and good food, are accepted under the scheme. Patients are assessed and are expected to contribute towards the total cost of the service in accordance with their means.

During 1958, a total of 24 persons went to convalescent homes for periods ranging from one to seven weeks ; 3 girls, 1 boy, 14 women and 6 men.

Members of the Women's Voluntary Service and British Red Cross Society have given valuable assistance, where required, in escorting children and some adult patients to and from convalescent homes.

Elderly Sick and Infirm.

Consideration was given to the Ministry of Health Circular 14/57 which dealt with the duties of the County Council, as local health authority, in connection with their various services available for the elderly sick and infirm. The suggestion made did not make any entirely new departure from

the existing practice but they did envisage an extension of these services. By greater use of the domiciliary health services it was hoped that better use might be made of the present number of hospital beds. It was made known to the hospital authorities that, on request, arrangements could be made for the health visitor to provide a report on home circumstances on which an assessment might be made of the social needs for admission of a particular patient to hospital. Also, attention was drawn to the desirability of the hospital authorities giving prior notification of discharge to the County Health Department, where such a patient was known to live alone and might require help if he were to carry on satisfactorily on first returning home. This would give the Department the opportunity of providing any requisite domiciliary services at once. Generally speaking, it has been found to be quite possible to absorb these extra duties without additional staff. However, there was an important exception in that it was necessary to increase the establishment by the equivalent of 5 whole-time home helps.

DOMESTIC HELP.

Number of cases where domestic help was provided during the year :—

Maternity (including expectant mothers)	.....	.....	.....	96
Tuberculosis	.....	.....	.....	4
Chronic sick (including aged and infirm)	.....	.....	.....	217
Others	.....	.....	.....	97
				414

This represents an increase of 35 over the previous year. Each case has been supported by a certificate from a medical practitioner or midwife.

The full standard charged is 3/9d. per hour. Persons who cannot pay this are assessed according to their financial circumstances. A charge is made in every case ; the lowest charge being 5/- per calendar week.

In April the service was increased to 60 (or equivalent) full-time home helps, plus two (or equivalent) full-time home helps for duties in cases recommended for help on social grounds. Most cases have many less hours than the maximum allowed.

The National Joint Council's rates of pay are in force : 3/1½d. per hour in the City of Hereford and 3/0¾d. in the remainder of the county, with an additional 2d. per hour throughout the county for cases suffering from tuberculosis and notifiable infectious diseases.

Care of Children.

The regular monthly meetings of the Co-ordinating Committee concerned with the possible neglect of children in their own homes have continued to be held throughout the year.

The number of cases dealt with was rather lower than in previous years, which may mean that there is a reduction in the actual number of cases occurring. This has meant that the officers of the statutory and voluntary bodies, who pool their knowledge of the individual cases and agree on the best methods of dealing with them, have been able to give greater attention to a smaller number of cases.

In many cases, home conditions are unsatisfactory. It is not easy to persuade the parents of such families to allow a home help to assist them but in some cases where otherwise the children of the family would need to be taken into care, a home help has been provided.

In several cases, there have been quite substantial rent arrears and efforts have been made to avoid eviction orders being implemented. Several families are paying off arrears by small amounts each week in addition to their rent. The welfare officers find that the lack of family budgeting has given rise to financial difficulties which quite often lead to breakdowns in family life and are doing a great deal to help families to understand the importance of careful budgeting.

The causes and effects of problem families are well known. It is usual to find the children being brought up in an inadequate environment by inadequate parents. Often the parents are of low grade mentality. The family has usually withdrawn itself from the community because of official and public disapproval and consequent rejection. The mother is dull, apathetic, lacking in confidence, and with no interest in life. The treatment is, therefore, aimed at remedying these conditions. We find that an ounce of practical help is worth a ton of exhortation. The Problem Family Welfare

Officer has prevented the breakup of some problem families and while the standard of stability of parentcraft achieved is by no means kept at a desirable level, there is a good deal of evidence that the children are better in these cases living with their own parents. Such families show a marked tendency to relapse to their previous condition and it is necessary to maintain a good follow-up if they are to remain even at a passable level.

Once again, the Women's Voluntary Service and Salvation Army have given valuable aid to many families who might otherwise have experienced difficulty over clothing, bedding and furniture. Food parcels, toys, books and clothing were distributed to most problem families at Christmas time.

MENTAL HEALTH.

Lunacy & Mental Treatment Acts, 1890-1930.

Responsibility for the reception into hospital of mentally sick persons under the Lunacy and Mental Treatment Acts is undertaken by the duly authorised officers.

Prevention, Care and After-Care.

Prevention of mental breakdown can be achieved only by early notification, and where this has been forthcoming—and with the help of general medical practitioners, hospital medical staffs and various social agencies—some success has been obtained in preventing breakdown or admission into hospital.

Protection of Patients' Property.

Enquiries were made with regard to the property of three patients following admission to hospital, reference to the County Welfare Officer for further action being required in two of the cases concerned.

Lunacy and Mental Treatment.

In the table below, particulars are given of the action taken by the duly authorised officers with regard to the reception of patients during the year. With the exception of one patient who was admitted to Powick Hospital, near Worcester, all were admitted into Burghill and Holme Lacy Hospital.

AGE GROUP.	MALES						FEMALES					
	<i>Vol.</i>	<i>Temp.</i>	<i>Cert.</i>	<i>3 Day Order</i>	<i>14 Day Order</i>	<i>Total</i>	<i>Vol.</i>	<i>Temp.</i>	<i>Cert.</i>	<i>3 Day Order</i>	<i>14 Day Order</i>	<i>Total</i>
10-20 ..	—	—	—	—	1	1	2	—	—	—	—	2
21-30	8	—	2	3	—	13	3	—	—	2	—	5
31-40	8	—	1	3	—	12	6	—	—	4	2	12
41-50	3	—	—	2	—	5	8	—	2	4	3	17
51-60	10	1	3	—	2	16	6	—	3	3	2	14
61-70	8	—	1	2	2	13	5	—	1	—	1	7
71-80	—	—	3	1	2	6	5	—	6	3	5	19
81-90	4	—	—	—	2	6	7	1	9	1	5	23
Total	41	1	10	11	9	72	42	1	21	17	18	99

In addition, approximately 40 further investigations were made during the year, but after careful enquiry by the duly authorised officers, were satisfactorily concluded without recourse to action under the Lunacy and Mental Treatment Acts.

Of the 55 patients dealt with under 3-day and 14-day Orders—

- 4 patients departed after initial treatment ;
- 15 became voluntary patients and departed before the end of the year ;
- *12 were certified ;
- 6 died ;
- 18 remained under treatment at the end of the year.

Of the 83 voluntary patients received into hospital—

- 49 patients departed after treatment ;
- * 1 was certified ;
- 3 died ;
- 30 remained under treatment at the end of the year.

Of the 33 patients detained under Summary Reception and Temporary Orders
(including those marked *)—

- 9 patients were discharged ;
- 5 died ;
- 19 were under treatment at the end of the year.

Mental Deficiency Acts, 1913–1938.

The medical staff undertake the ascertainment of mental defectives, and provide the relevant reports and certificates required by the Mental Deficiency Acts, 1913–1938, and when specialist opinion is required the appropriate consultant services are available through the Regional Hospital Board.

Supervision of defectives in their own homes, under guardianship, and on licence from hospitals; their training, occupation and general welfare in the community ; remains the responsibility of the Mental Welfare Officers.

Ascertainment.

31 cases were ascertained during 1958 and at the end of the year, 14 defectives were awaiting vacancies in Institutions.

Supervision.

The number of cases under supervision by the Mental Welfare Officers on 31st December, 1958, were as follows :—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Statutory Supervision	.....	.....	156	144	300
Voluntary Supervision	.....	.....	20	20	40
Licence	.....	.....	1	3	4
Guardianship	.....	.....	—	2	2
Out-County Cases	.....	.....	3	1	4

Training.

During the period under review, 35 defectives were attending the half-day weekly classes at Bromyard, Fownhope, Hereford, Ledbury and Ross-on-Wye, and 9 were receiving instruction in their own homes.

A Day Centre for low and medium grade defectives of all ages was established in June, its main object being to give mothers some relief from the strain of caring for their mentally handicapped children. The Centre is open on Fridays at the British Red Cross Society's Hut in Blackfriars Street, Hereford. At the end of the year there were 11 names on the Register.

Barrs Court Centre.

A maximum of 32 children continue to attend at Barrs Court Centre, and there is a waiting list of 12, but of these 6 are at present unsuitable for admission for various reasons. During the year, visits were again paid to several places of interest and the majority of the children spent another

enjoyable holiday at Aberystwyth during the summer vacation, under the supervision of certain members of the staff assisted by volunteers. The film on the Centre has been shown 15 times during the year to various interested organisations. Students undertaking the Course for the Diploma of Teachers of the Mentally Handicapped, organised by the National Association for Mental Health, continue to spend periods of several weeks at the Centre for practical work.

Adult Occupation Centre.

The provision of an Adult Occupation Centre on a site in Rockfield Road, Hereford, was approved in principle by the Minister of Health in July. It is hoped that the building will be commenced in 1959.

Defectives in Employment.

During the year, Mental Welfare Officers have placed 16 defectives (3 males, 13 females) in various types of employment, e.g. dairy, factory, domestic and agricultural work.

Holidays for Defectives in Employment.

Arrangements were again made in the Spring for two parties of adult defectives in employment, accompanied by Mental Welfare Officers, to take a seaside holiday.

Admission of Patients.

On the advice of the Ministry of Health, patients have been admitted informally into mental deficiency hospitals in every case where it was not necessary for the hospital to have authority to detain the patient. Consequently, the cases of patients already in hospital have been reviewed and the compulsory powers terminated wherever possible.

Cases admitted or certified during the year were as follows :

	<i>Males</i>	<i>Females</i>
Alton Street Hospital, Ross-on-Wye	1	2
Coleshill Hall, Warwickshire	—	1
Lea Colony, Bromsgrove	—	4
Monyhull Hall, King's Heath, Birmingham	2	2
Stallington Hall, Blythe Bridge, Stoke-on-Trent	—	1

The number of cases in Institutions at the end of the year was 147 (78 males, 69 females).

Short-term Care.

During the year, urgent cases were accommodated temporarily, as follows :

	<i>Males</i>	<i>Females</i>
Alton Street Hospital, Ross-on-Wye	—	3
Highcroft Hall, Erdington, Birmingham	—	1
Lea Colony, Bromsgrove	—	6
Lea Castle Colony, Kidderminster.....	1	—
Middlefield Hall, Knowle	1	—
Monyhull Hall, King's Heath, Birmingham	—	1
" Orchard Dene " (Private Home), Rainhill, Liverpool	1	—
Stallington Hall, Blythe Bridge, Stoke-on-Trent	—	1

Varying Orders.

During the year, 2 defectives who were on licence from an institution were considered to have become suitable for guardianship and Varying Orders were made accordingly.

After-care of the Mentally Handicapped.

Consequent upon the recommendation contained in the Report of the Committee of Enquiry on the Rehabilitation, Training and Resettlement of Disabled Persons (commonly known as the " Piercy Report ") that hostels should be provided for convalescent patients recovered from psychosis or neurosis and high-grade mental defectives, the County Council have agreed to bear the cost of maintenance of such convalescent patients whilst they undergo industrial rehabilitation or training or on first entering employment, in hostels provided by other local health authorities. The establishment of a hostel for 20 male adult high-grade mental defectives although approved in principle, is to be left in abeyance for the present.

BLIND AND PARTIALLY-SIGHTED PERSONS.

The County Welfare Officer maintains the registers of blind and partially-sighted persons and is responsible for the provision of welfare services. Two home teachers and four all-purpose welfare officers carry out regular visiting in the homes and teach Braille, Moon and other embossed literature and handicrafts where possible. These officers are also responsible for the organisation of social activities such as clubs and outings in co-operation with the Herefordshire County Association for the Blind.

Sixty-seven persons were certified as blind during 1958 and at the 31st December, the total on the register was 367.

The chief causes of blindness are shown to be :—

Cataract 59 ; Cataract and other causes 33 ; Glaucoma 36 ; Glaucoma and other causes 25 ; Trauma 27 ; Congenital hereditary and developmental defects 24 ; Myopic error 16.

The following table shows the age of onset of blindness :

	<i>New cases 1958</i>	<i>Cases on Register 31/12/58</i>
Under 1	4	28
1-4	—	3
5-10	—	2
11-15	—	3
16-20	—	5
21-29	—	10
30-39	1	10
40-49	1	20
50-64	8	62
65 and over	53	186
Unknown	—	38
Total	67	367

The causes of blindness of the cases certified in 1958 were :

Cataract	12
Cataract and other causes	6
Glaucoma	4
Glaucoma and other causes	1
Diabetes	5
Retrolental fibroplasia	—
Macular degeneration	19
Myopic error	2
Cortical blindness	2
Other causes	16

Of the cases involving cataract, sixteen were over 70 years of age, and of the glaucoma cases, four were over 70.

Seventy-two were registered as partially-sighted at the end of 1958, of whom twenty-nine were regarded as prospective blind, fourteen industrially handicapped, and thirteen were requiring observation only. The remainder were children.

Four cases were admitted to the blind register because of deterioration of vision.

The main causes of defective vision are as follows :—

Cataract 17 ; Cataract and other causes 7 ; Myopic error 11 ; Congenital hereditary and developmental defects 10 ; Vascular diseases 9.

During the year, ten new cases were certified in the following age groups :—

5-15 years	.....	.....	2
16-20 years	.....	.....	-
21-49 years	.....	.....	1
50-64 years	.....	.....	2
65 and over	.....	.....	5

The causes of defective sight were as follows :—

Cataract 1 ; Cataract and other causes 2 ; Myopia 2 ; Macular degeneration 2 ; other causes 3.

Three cases involving cataract were over 65 years of age.

Treatment of cases is carried out for the most part at the Victoria Eye Hospital, Hereford, but a few patients attend hospitals at Worcester and Gloucester. The co-operation between the Welfare Department and the hospital is very close and every endeavour is made to persuade patients to avail themselves of the treatment recommended.

Follow-up of Registered Blind and Partially-Sighted Persons.

(i) Number of cases registered during the year in respect of which Section F. of Forms B.D.8 recommends	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(a) No treatment	3	2	—	25
(b) Treatment (medical, surgical or optical)	23	5	—	12
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	10	3	—	7

THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE IN HEREFORDSHIRE.

A. Background Information.

A special survey was prepared of the first five years' working of the local health services under the National Health Service, and included in the Annual Report of 1952. The Ministry of Health now ask for :

"A brief general review of the manner in which, during the first ten years, the local health services have functioned in the wider setting of the National Health Service generally."

The National Health Service aims "To promote the establishment in England and Wales of a comprehensive Health Service, designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness." The service is in three main parts : the general practitioner services, the hospital and consultant services, and the local health authority services.

The services of general medical practitioners, dentists, pharmacists, and opticians throughout the County are the responsibility of the Herefordshire Executive Council.

Hospital and Consultant Services are provided by the Birmingham Regional Hospital Board under the administration of the Herefordshire Hospital Management Committee.

The local health authority services cover the County. This means that the administrative areas for the Herefordshire Executive Council, the Herefordshire Hospital Management Committee, and the County Health Committee are co-terminous. The three offices for these three separate parts of the National Health Service are all in Hereford City.

In Herefordshire, the estimated population in 1949 was 123,900, the birth rate was 18.8 per 1,000 population, the crude death rate 12.4 per 1,000 population, and the infant mortality rate was 27.4 per 1,000 live births. The estimated population in 1958 was 128,200, the birth rate was 16.3 per 1,000 population, the crude death rate was 12.3 per 1,000 population, and the infant mortality rate was 26.7 per 1,000 live births.

B. Administration.

The local health authority services provided by the County Council are administered by the County Health Committee through appropriate sub-committees to which functions are now allotted as follows :—

General Purposes (Health) Sub-Committee—To administer the functions of the local health authority under Sections 21 and 27, and other matters submitted for consideration by any of the following sub-committees, and also for financial estimates of expenditure.

Mental Health Sub-Committee—To administer the functions of the local health authority under the Lunacy and Mental Treatment Acts 1890–1930, and the Mental Deficiency Acts 1913–1938.

Maternity and Child Welfare Sub-Committee—To administer the functions of the local health authority under Sections 22, 23, 24, 25 and 29.

Care Sub-Committee—To administer the functions of the local health authority under Sections 26 and 28.

Certain arrangements have been made for securing co-ordination between the general practitioner services, the hospital and consultant services, and the local health services. There is interlocking membership of the various local committees. In addition, the County Medical Officer is a member of the Local Executive Council and the Local Medical Committee, also of the Herefordshire Group Medical Committee and the Liaison Committee of the Birmingham Regional Hospital Board.

Co-ordination is now as close as it can be whilst the services continue to be run by this tripartite administration, of which two services are completely the responsibility of the Exchequer and the third in part is rate-borne.

C. Local Health Services.

Original proposals under Section 21 of the Act included one providing for the erection of a Health Centre on the Old Manor House site, Hereford. This was to be for general medical services, some specialist services, and for the services of the local health authority and local education authority.

The special care of expectant and nursing mothers and children under school age was continued. Changes have occurred. The general practitioner taking the Hereford City Ante Natal Clinic retired and the Clinic was closed, but flourishing Relaxation / Mothercraft Classes have replaced it and now there are a total of 5 such classes in the County. Some eight years ago, a mother and baby home was established at St. Martin's Home, Hereford, in conjunction with the Hereford Diocesan Association for Moral Welfare. In recent years, with the fall of the illegitimacy rate and the development of welfare services generally, only a small number of Herefordshire mothers required such accommodation and so mothers are taken from many parts of the country. There are 17 infant welfare centres, 6 are provided directly by the County Council and 11 through local voluntary committees aided by the County Council. In 1954, the County Council became responsible for the distribution of welfare foods. Distribution is made at infant welfare centres, 5 distribution centres with paid staffs, and 83 distribution centres with voluntary staff.

The domiciliary nursing services consist of midwives, health visitors and district nurses. They are supervised by the Superintendent Nursing Officer and her two assistants. In 1955, the Part II training school for midwives at the Gwynne James Home was discontinued. In 1957 it was necessary to make application in respect of only 10 district nurse/midwives not holding the health visitors' certificate for individual dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948. A close liaison has been established between the public health services and the hospital diabetic clinics by the regular attendance of a health visitor at these clinics. The County Nursing Association ceased to function in 1955. There are now two Benevolent Funds for Domiciliary Nurses, the one covering the whole of the County and the other the area of the former Brimfield and Little Hereford District Nursing Association.

A sustained effort is made to secure vaccination against smallpox and immunisation against diphtheria. Arrangements have been made for immunisation against whooping cough where the parents so desire. As more vaccine for protection against poliomyelitis became available, so the priority classes were enlarged and now all persons born after 1st January, 1933 (the minimum age is 6 months) and expectant mothers are eligible.

In 1957, in view of changing circumstances, revised proposals were made for the provision of the Ambulance Service. The County Council have delegated their duties to the County Health Committee, the service being administered on their behalf by the County Medical Officer and an administrative and clerical staff. In addition, the Herefordshire Joint Ambulance Committee, consisting of representatives appointed by the St. John Ambulance Brigade, the British Red Cross Society, and the County Council, have accepted the functions of recruitment and supervision of volunteers and matters appertaining thereto. This new determination of duties is more in keeping with modern circumstances.

The work undertaken has increased considerably in the ten years. In 1949, 6,852 patients were carried and a mileage of 141,414 done, compared with 28,503 patients carried and a mileage of 270,011 in 1958. This necessitated an increase in staff.

More attention has been paid to health education in recent years. This has been done in a variety of ways. The personal approach of the midwife, district nurse and health visitor formed the basis of health education for the expectant and nursing mothers in such matters as feeding, doctoring and general baby care. This has been reinforced at infant welfare centres, where temporary display stands have been set up, and groups of mothers have taken part in group discussions on health matters. The health visitors are occasionally asked to give talks to the older girls in grammar schools and at the youth clubs.

The organisation of the Home Help Service is undertaken by a Home Help Organiser. The service has increased from 10 whole-time and 15 part-time home helps to the equivalent of 62 full-time home helps. Special arrangements have been made for the provision of home helps to families free of charge where by so doing, the prevention of the break-up of the family is likely to be achieved.

Due to the changing pattern of district nursing, and the changing techniques of modern nursing, it became necessary to review the arrangements for the medical loan equipment. Each district nurse has now been supplied with essential items of equipment for emergency use which can conveniently be kept by her in store. In addition, the British Red Cross Society hold some stock. Heavier items of equipment, especially those which are rarely used, are held by the County Health Department.

The care and after-care of the mentally ill is undertaken by the psychiatric social workers of the Herefordshire Hospital Management Committee, so far as discharges are concerned from the hospitals within the Group; but the after-care of patients from mental hospitals outside the Group and ex-servicemen recently discharged from H.M. Forces is undertaken by the mental health officers on the staff of the County Health Department. The same mental health officers also undertake the responsible duties of duly authorised officers.

All mental defectives in the community are visited at least quarterly by a mental health officer. Some home teaching both of individuals and of groups is undertaken. An Occupation Centre in Hereford was established for 32 mental defectives between the ages of 5 and 16 years.

D. Supply and Training of Health Personnel.

The types of personnel who work in the local health services are very varied. I have set out below the authorised and actual establishments of the County Health Department, which includes staff engaged in the local health services and the school health services. The health service, like any other growing organism, has changing needs at different stages of its development. Furthermore, not only is there this varying of need, but there is a very considerable delay from the time when such a need becomes apparent to the time when the County Council is able to advertise the appointment, and the successful candidate is actually in a position to take up employment in the service.

<i>Establishment.</i>	<i>Authorised.</i>	<i>Actual.</i>
MEDICAL.		
County Medical Officer	1	1
Deputy C.M.O. (is also District M.O.H.)	1	1
Assistant C.M.O.s (2 are also Dist. M.O.H.)	5	5
DENTAL.		
Principal School Dental Officer	1	1
School Dental Officers	5	1.3
Dental Attendants	6	3
Dental Unit Drivers	2	2
NURSING.		
Supervisory	3	3
Health Visitors	16	10
Nurses	58	52
Relief Nurses	9	2
HOME HELP SERVICE.		
Organiser	1	1
Home Helps	62 (equivalent to full-time)	20 Full Time 60 Part Time 38 Emergency
AMBULANCE SERVICE.		
County Ambulance Officer	1	1
Night Telephonist	1	1
Senior Driver/Attendants	2	2
Driver/Attendants	20	20
Mechanics	2	2
Garage Assistant	1	1

OTHER APPOINTMENTS.

Educational Psychologist	.....	.....	.....	.....	1	1
Psychiatric Social Worker	.....	.....	.....	.....	1	1 (Social Worker)
Speech Therapist	.....	.....	.....	.....	2	2
School Physiotherapist	.....	.....	.....	.....	1	1
Occupational Therapist.....	.....	.....	.....	.....	1	1
After Care Welfare Officer	.....	.....	.....	.....	1	1 *
Problem Family Welfare Officer	.....	.....	.....	.....	1	1
Duly Authorised Officer	.....	.....	.....	.....	1	1
Mental Health Workers	.....	.....	.....	.....	3†	3†

*From 5/1/59. †4 from 1/1/59.

CLERICAL STAFF.						30	30
-----------------	-------	-------	-------	-------	-------	----	----

The really outstanding shortage is of dental officers. This is hardly surprising since there is an overall shortage of dentists nationally. This leads to a situation where those branches of dentistry with a higher remuneration are filled first and so the lower-paid appointments are never filled.

Recruitment of nurses now is mainly by offering attractive scholarships for post-graduate training which carry with them an agreed term of service with the authority on the completion of that training.

E. Financing of Local Health Services.

In comparison with the total cost of the three branches of the health service in Herefordshire, the proportion for financing the local health services is small. Compared with the increased expenditure of the general practitioner and the hospital and specialist services, the increased expenditure of the local health authority is small and proportionately less. This same point comes out in connection with expenditure in the local health services compared with the expenditure of the County Council as a whole. However, there are many different factors affecting expenditure for the County Council which do not necessarily apply throughout the local health services.

F. Items of Special Interest.

In selecting items of special interest, I have taken examples in which the local health services have functioned in the wider setting of the National Health Service generally and the success in dealing with them depended to a large measure on close co-operation with the hospital and specialist services, and with the general practitioner services.

PROBLEM FAMILIES.

A Problem Family Welfare Officer was appointed in 1949. Her appointment was made under section 29 of the National Health Service Act, 1946. Her appointment originally was looked upon as being of rather an experimental nature, since it was not known how the problem families would react to a special welfare officer. She deals with teaching in home care, budgeting and household management, cleaning and cooking. Her work has been fitted into the administration and co-ordinated with that of other officers of the County Health Department, general medical practitioners, and the almoners of the hospitals.

ACCOMMODATION IN HOPFIELDS.

The bringing together in crowded buildings of families with several young children from many of the poorer districts of large towns gives special opportunity for the spread of disease. There can be no doubt that the provision of the various health services is much easier following the introduction of the National Health Scheme. There is no longer any difficulty in finding accommodation in general hospitals, and, where cases have to be admitted to infectious diseases hospitals, it does not have to be followed by a prolonged correspondence on chargeability between the local authorities concerned. As far as the nursing services are concerned, no longer is there the problem of limited areas covered by district nursing associations. The position of the hop-pickers in relation to the general medical services is that of "temporary residents."

OCCUPATIONAL HAZARDS—HOP PICKERS' DERMATITIS.

A careful study of the incidence and possible causes of hop dermatitis in Herefordshire was made in 1952. The dermatitis occurred on the face and neck and on the hands and forearms. Cases with a previous history of dermatitis all developed an attack within 48 hours of exposure in the hop fields but in new cases, the length of exposure varied from 1–14 days. Investigations were carried out to ascertain the casual factors. The evidence was against insect pests, insecticides and other washes, and pointed to the hop cone itself. Hop cones contain aromatic hop oils and resins and their content is highest when the cones are ripe in September. This work was done by the joint effort of the local Consultant Dermatologist and the County Health Department.

EPIDEMIOLOGY—MENINGO-ENCEPHALITIS AND BORNHÖLME DISEASE.

The occurrence of a localized epidemic of meningo-encephalitis and Bornhölm disease during the latter part of the summer of 1956 provided an exceptional opportunity for studying this condition clinically, tracing the possible source and spread of infection, and considering the problems of immunity. The study began purely on clinical grounds ; the bacteriological aspect was later investigated. This study led to the necessity for a very close working-together of the general practitioners, Public Health Laboratory Service, the District Medical Officer of Health, Ministry of Health, and the County Health Department.

ACCIDENTS IN THE HOME.

The Paediatric Departments of the County Hospital, Hereford, and the Herefordshire General Hospital, have sent to the County Health Department details of domestic accidents involving children under five years of age. The appropriate health visitors have then made home visits while the accident is fresh in mind, and the parent is receptive of advice. From the returns received, opportunity has been taken to determine the annual incidence of accidents in the home, their severity, psychological make-up of parent and child, and social circumstances. From this, it does seem that there is a strong psychological background in many cases of such accidents.

INDEX.

ADULT OCCUPATION CENTRE	22
AMBULANCE SERVICE	15
BARRS COURT CENTRE	21
BLIND AND PARTIALLY-SIGHTED PERSONS	23
CARE OF CHILDREN	19
CHEST PHYSICIAN'S REPORT	17
COMMITTEE MEMBERS	3
CONVALESCENCE	18
DENTAL TREATMENT	9
DIPHThERIA IMMUNISATION	15
DOMESTIC HELP	19
ELDERLY SICK AND INFIRM	18
HEALTH EDUCATION	13
HEALTH VISITING	12
HOME NURSING	13
HOSPITAL CAR SERVICE	17
INFANT MORTALITY	6
INFANT WELFARE CENTRES	7
LUNACY AND MENTAL TREATMENT ACTS	
1890-1930	20
MEDICAL LOAN	13
MENTAL DEFICIENCY ACTS 1913-1938	21
MIDWIFERY	10
NATIONAL HEALTH SERVICE ACT, 1946—	
SECTION 22—CARE OF MOTHERS AND YOUNG	
CHILDREN	7
SECTION 23—MIDWIFERY	10
SECTION 24—HEALTH VISITING	12
SECTION 25—HOME NURSING	13
SECTION 26—VACCINATION AND IMMUNISATION	14
SECTION 27—AMBULANCE SERVICE	15
SECTION 28—PREVENTION OF ILLNESS,	
CARE AND AFTER CARE	17
SECTION 29—DOMESTIC HELP	19
SECTION 51—MENTAL HEALTH	20
THE FIRST TEN YEARS	25
OCCUPATIONAL THERAPY	18
OPHTHALMIA NEONATORUM	10
POLIOMYELITIS VACCINATION	14
PRINCIPAL DENTAL OFFICER'S REPORT	10
PRIVATE NURSING HOMES	9
PUERPERAL PYREXIA	10
RELAXATION/MOTHERCRAFT CLASSES	11
ST. MARTIN'S DAY NURSERY	8
ST. MARTIN'S HOME	8
SMALLPOX VACCINATION	14
STAFF	4
STATISTICS, GENERAL	5
STATISTICS, VITAL	6
TUBERCULOSIS	17
WELFARE FOODS	7
WHOOPIING COUGH IMMUNISATION	15